

should have in midwifery emergencies when normal labours were the property of mere midwives.

Dr. Hockridge does not mention the graver—one might almost say the real—emergencies of midwifery, such, for instance, as contracted pelvis, ruptured uterus, obstruction by fibroids and other growths, extrauterine pregnancies, pelvic suppurations, etc. Dr. Hockridge fears midwifery emergencies may fall into the hands of specialists when midwives are registered. Have we not already a band of specialists for the real emergencies, and is there a better qualified or more essential body of specialists in existence? These gentlemen seem to me to stand in relation to the general practitioner in a position very much like that of the operating surgeons—shall I say of other operating surgeons? It is well for us and for our patients when their services are available; when they are not we must do the best we can.

May I now point out to Dr. Hockridge that while discussing at some length a possible difficulty in the working of a proposed Act of Parliament, he has rather lost sight of the main issue? The question is not whether midwifery shall still be taught in the medical schools under the new order of things, neither is it a question whether things will be exactly as we should wish them to be. The point in debate is whether as a profession, as guardians of the public health, we are to help in the regulation of the practice of midwifery by midwives, or whether we are to start an agitation for their abolition. This is the alternative to be faced whether we like it or no, and to this the attention of the profession should be directed. My opinion is that the agitation being founded on a misconception of the interests alike of the profession and of the public—not to mention the midwife—is foredoomed to failure, and that it will inevitably lead to unprofitable and unpleasant results. Mere opposition to the registration of midwives represents a half-hearted and utterly illogical position—for medical men it is even ridiculous.

The members of our Association ought to understand clearly to what they are committing themselves before embarking on this enterprise.—I am, etc.,

Nov. 27th.

S. W. MACILWAINE.

#### DISCUSSIONS IN THE SECTIONS OF THE ANNUAL MEETING.

SIR,—Now that the sectional officers have been appointed for next year's annual meeting I should like to be allowed to enter a protest against a practice that has lately grown up in regard to the arrangements for discussions. Discussions are popular, and I have not a word to say against them provided they are conducted properly. But that has not always been the case, and the fault lies not with the chairman of the section for the time being, but with those who have the arranging of the sectional programme. When it has been decided what subjects shall be discussed and who shall be invited to introduce them, I take it that the responsibility of choosing what aspects of the subject shall be selected for debate—what shall be considered within its scope and what shall not—should rest with those who are entrusted with the opening of the discussion, subject of course to the ruling of the President of the Section for the time being. Members and visitors who take part in the discussion should follow the lines laid down by the first speaker. It has instead become the practice to group together all the papers promised to the Section that have any bearing upon the subject under discussion, and to call upon the authors to read these during and as part of the discussion. As these papers have been written without any knowledge of the line to be taken by the member who is to open the debate, the result is, as might have been expected, that there has often been no real discussion at all. The member who has been honoured by an invitation to introduce the discussion finds that instead of a discussion on the points he has raised, a series of previously prepared papers on more or less analogous topics is read. This he naturally feels to be extremely unfair. He has probably taken considerable pains in preparation, and he feels that he might just as well have saved himself the trouble. I could give instances, but it is scarcely necessary.

The remedy is for the Sectional Secretaries to accept no formal papers as contributions to a discussion, and to let it be understood that of those who take part in a discussion only the member invited to introduce it shall read his contribu-

tion, the rest speaking extemporarily or merely from notes. We might then hope to escape the anomalous position in which the Sections have of late years not infrequently found themselves of having come to the end of a debate without any of the points singled out for discussion in the opening paper having been mentioned, much less threshed out, by the speakers that followed.—I am, etc.,

Manchester Square, W., Dec. 4th.

C. J. CULLINGWORTH.

#### THE PHARMACOLOGY OF CANNABIS INDICA.

SIR,—In reply to Dr. Dixon's question,<sup>1</sup> I confess that I have not stimulated the vagus after the intravenous injection of an emulsion. Such a procedure cannot lead to any result of practical value. The method of application is an offence against the first principle of pharmacology that a substance can only produce a general action when in a state of solution. When substances of an irritant nature are injected as emulsions into the veins, owing to the difficulty of obtaining the emulsion in a sufficiently fine state of division, embolism of certain vascular areas occurs, and the substance exerts a local irritant action. The heart and nervous centres are the first to suffer, and the effects are inconstant. The active principle of Indian hemp is practically insoluble in water, and almost insoluble in dilute alkalies; considering its insolubility, it is a substance of an irritant nature; and I therefore maintain that the effects obtained by Dr. Dixon are in no sense peculiar to it. They are merely the result of embolism plus a local irritant action on certain vascular areas. The kind and inconstancy of his results are sufficient proof of this; and this view is further supported by the fact that with the excised frog's heart, that is, when the outflow was free, no effect was obtained.

In the only other statement in the letter Dr. Dixon misstates the facts. I did not refer to my last paper to support the statement that he was unaware of the recent work done on this subject in this country. The reference is appended to a particular experiment made by him, of which nothing is said in his letter, and it was merely given because it contains the only views, as far as I am aware, on this particular point based on experimental data.—I am, etc.,

University College, Dundee, Nov. 25th.

C. R. MARSHALL.

#### THE CLEANSING OF THE SURGEON'S HANDS.

SIR,—It is gratifying to find that old friends, and good ones too, are not to be abused or discarded without protest, and I read Dr. Edge's remarks<sup>2</sup> against my condemnation of the use of hand basins in operating theatres with interest, but I must confess without detecting one single strong reason in favour of his contention against the quotation from my paper.

I do not know whether Dr. Edge has given a fair trial to the method I advocated for hand-washing, but I should like to state that at different times I have tried all the well-known methods of hand-washing, including Mikulicz's soap and spirit method, and personally I should adopt the latter method only in military surgery where there is a dearth of water and of other things needful for cleansing purposes.

I do not adopt Professor Watson Cheyne's definition of asepsis when he states that "aseptic treatment on the Listerian principle, which aims.....to destroy all organisms which may obtain access to a wound," etc. I limit my interpretation to "the prevention of detachable or removable organisms (a) from the hands of those engaged in the operation, and (b) of the patient's skin, from gaining access to the wound," and for this particular purpose I find that cleansing the hands with soap and water, and then rinsing them in methylated spirit before wearing a pair of sterilised thread gloves are sufficient precautions to enable me to state that the healing of the wound will almost to a certainty be by primary union without suture abscesses.

I think it is a waste of time to try to render innocuous the resident microbes of the skin, for in practice we find that over preparation of the skin is the one method by which one worries the staphylococci of Welch into a condition to become aggressive.

I fully agree with those surgeons who believe that the use of

<sup>1</sup> BRITISH MEDICAL JOURNAL, November 25th, p. 1517.

<sup>2</sup> BRITISH MEDICAL JOURNAL, November 4th, p. 1318.

a nailbrush at the preliminary stage of washing hands is worse than useless, because it can only drive the organisms we wish to remove deeper into the skin, whilst at the same time the brush itself has become infected and it would take at least twenty minutes for the brush to become fit for use after soaking in 1-20 carbolic lotion. Perhaps a simple and a scientific method for washing the hands of a surgeon has yet to be invented.

Cardiff, November 11th.

J. LYNN THOMAS.

## STRYCHNINE INJECTION IN SHOCK.

SIR,—In the BRITISH MEDICAL JOURNAL of November 25th, at page 1471-72, there are two important and interesting papers on cases of surgical shock and its treatment by the injection of one or more tenth grains of strychnine. It is to be regretted that the effect of the anæsthetic is not taken into account in the argument of the papers. Whether anæsthesia was used or not is incidentally referred to in only one of the cases. What is needed is to know precisely whether an anæsthetic was administered, the nature of that anæsthetic, the amount used from the graduated bottle in each case, the method of its administration, and the time over which the anæsthetic used was spread.

It is obvious that many of the symptoms in some of the cases may have been due to the paralytic effect of overcharging the tissues with an anæsthetic; and, unless this question is clearly stated and fully considered, it is not possible to say how far collapse was due to the action of the anæsthetic, how far to the effects of the injury, how far to the operation, and how far to loss of blood. It is obvious also that there is a physiological antagonism between an anæsthetic and the action of strychnine, and that in cases of excessive saturation with an anæsthetic, the injection of strychnine *plus* artificial respiration gives about the very best chance of resuscitation. Snow's book (pages 240-245) deals helpfully with surgical shock under anæsthesia. He writes: "I have never observed it." I am convinced that as yet we do not sufficiently appreciate the poisonous effects of chloroform and other anæsthetics when given in too concentrated a vapour or over too prolonged a period. During the first eleven months of 1899 some 80 inquests have been reported in the newspapers upon persons killed by anæsthetics in England alone. It may therefore be reasonably estimated that some 200 persons a year are killed by anæsthetics in England. These questions as to anæsthetics are of pressing importance.—I am, etc.,

Manchester Square, W., Nov. 27th.

JAMES EDMUNDS.

## THE PLAGUE IN RUSSIA.

SIR,—Some weeks ago you were good enough to insert a letter from me on the subject of the outbreak of epidemic disease at Kolobovka at the mouths of the Volga.<sup>1</sup> It will be recalled that there was a marked difference of opinion among the leading members of the profession in St. Petersburg as to the character of that epidemic; a minority regarding it as an outbreak of the pneumonic variety of plague, while a majority suspended their judgment until further information could be obtained. The task of collecting that information was entrusted to Professor Vinogradof and Dr. Raptchevski, who visited Kolobovka with that object. These gentlemen recently returned, and on November 2nd (14th) a second general meeting of the heads of the profession in St. Petersburg was held, at which the further information they had obtained was discussed. In the end a minority of six expressed their opinion that the disease was "of a character closely resembling plague in its pneumonic form." The majority, on the other hand, seventeen in number, were of opinion that the disease was "undoubtedly plague."

In view of this result there can no longer be any hesitation in placing the outbreak in Southern Russia among the numerous other foci in the western extension of plague which has characterised the present year.—I am, etc.,

London, Dec. 1st.

FRANK G. CLEMON.

## A PIONEER IN THE TREATMENT OF CONSUMPTION.

SIR,—In reference to Sir W. T. Gairdner's letter concerning the Rev. Dr. Stewart and his advanced treatment of consump-

tion in 1825, I would point out that Andrew Stewart was presented to the parish church of Bolton in 1804; he had two years previously (1802) taken his M. D. degree at Edinburgh. In 1809 he married the Hon. Margaret, daughter of Lord Blantyre, and in 1815 was translated to Eskine parish, then in the patronage of his father-in-law. He was the father of the late A. P. Stewart of London.—I am, etc.,

Haddington, Nov. 26th.

J. G. WALLACE-JAMES, M.B.

## THE BRITISH MEDICAL BENEVOLENT FUND.

SIR,—The letter of Sir Wm. Broadbent in the BRITISH MEDICAL JOURNAL of November 25th tempts me to again call the attention of the profession, and more particularly presidents and secretaries of our Branches, to a very simple method of increasing the income of this Fund to such an extent as to render occasional heartrending appeals to the profession unnecessary.

In 1881 the Council of the South Wales and Monmouthshire Branch, at my suggestion, recommended that each member of the Branch should be invited to subscribe 5s. a year to the Medical Benevolent Fund. This was done. Our general and Branch subscriptions previously amounted to 24s.; the 5s. increased it to 29s. The first year we got nearly £20; but as each year I applied for this extra 5s., members soon got accustomed to think of their subscriptions to be paid to me as 29s. During all those years I have had 100 and then the query sent to me, "What is this 5s. for?" and after my explanation the money has always been sent. The amount subscribed by our Branch, numbering about 250 members, has gradually increased to nearly £40 sent last year. From 1881 to 1898 we have sent to this fund a grand total of over £610 by means of a paltry 5s. a year given by each member, an amount which he does not feel the loss of, but which in the aggregate comes to so much. Some of our members send me only 24s. instead of 29s.; but as the subscription is a voluntary one, I do not ask them again for the 5s. My point is this. Without any trouble we as a Branch get nearly £40 a year for the Medical Benevolent Fund. If all other Branches would do the same (and they could try, anyhow), happy Medical Benevolent Fund!—I am, etc.,

A. SHEEN,

Treasurer South Wales and Monmouthshire Branch;  
Cardiff, Dec. 5th. Member of Council Medical Benevolent Fund.

## THE LOCAL DISTRIBUTION OF TUBERCLE.

SIR,—I observe in the BRITISH MEDICAL JOURNAL of November 11th an article entitled the Local Distribution of Tubercle in Various Species, by Dr. Woods Hutchinson, in which the author devotes a paragraph to refuting what he is pleased to represent as my explanation of the susceptibility of the lung to tuberculosis. I shall be glad if you will allow me to state that I have never held or expressed the views therein attributed to me.—I am, etc.,

Royal Veterinary College, Nov. 28th.

J. McFADYEAN.

## THE PASTEUR TREATMENT OF HYDROPHOBIA IN ENGLAND.

SIR,—In 1891, on account of the many cases that were taken to France, I suggested that a Pasteur Institute should be opened in England. I was, however, referred to articles conveying the impression that the establishment of such an institute was under consideration. As yet I have not been able to gather that anything further has been done. That the need still exists I was assured yesterday by a friendly doctor, who was obliged to entertain the idea of accompanying to France for treatment a patient who had been badly bitten by a savage dog. I ask you again to kindly publish my letter that the home treatment of bites inflicted by dogs suffering from or suspected of rabies may be no longer ignored.—I am, etc.,

Stockport, Nov. 27th.

J. Good, M.R.C.S. Eng.

## ABSORBENT WOOL SPONGES.

SIR,—May I suggest, through the columns of the BRITISH MEDICAL JOURNAL, that very excellent sponges may be made from several layers of absorbent wool wrapped up in two layers of sal alembroth gauze, and stitched through in several places? They are capable of being wrung out, and half a dozen are quite sufficient for a major operation. They are of course

<sup>1</sup> BRITISH MEDICAL JOURNAL, October 7th, 1899.